

Pick up for disposal.

February 20, 1986

State of California—Health and Welfare Agency

Department of Health Services  
Toxic Substances Control Division  
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CADQ47701203	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Silicon General (Dave) 11651 Monarch, Garden Grove, CA 92641		6. US EPA ID Number CADQ42245001		G. State Facility's ID CADQ42245001		
4. Generator's Phone (714) 898-8121		8. US EPA ID Number		H. Facility's Phone 213/698-0891		
5. Transporter 1 Company Name Omega Recovery Services		10. US EPA ID Number				
7. Transporter 2 Company Name						
9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90602						
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	Weight
a. Waste Corrosive Liquid N.O.S. CORROSIVE UN 1760 (Microstrip) MATERIAL		3	DM	125 #10	G	211
b.						
c.						
d.						
15. Special Handling Instructions and Additional Information Pick up ① Empty used drums for disposal. 10 MT 55GAL POLYS FW		K. Handling Codes for Wastes Listed Above a) d99				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name DAVE KIKLAS		Signature Dave Kiklas		Date Month Day Year 2/25/86		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ISAAC Woods Jr		Signature Isaac Woods Jr		Date Month Day Year 10/25/86		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Date Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name STEVEN SIMPSON		Signature Steve Simpson		Date Month Day Year 10/25/86		

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